SOUTHERN ARIZONA VETERANS' MEMORIAL CEMETERY
APPLICATION FOR INTERMENT
1300 Buffalo Soldier Trail, Sierra Vista, AZ 85635 PH. (520) 458-7144 FAX (520) 458-7147

DECEDENT NAME: _____
Legal name   First   middle initial   last   suffix
SSN# _____ DOD _____ DOB _____
Gender: M ☐ F ☐   Marital Status: Married ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown ☐
Relationship (to Veteran) _____ ☐ Check for $300 (spouse and dependant only) payable at the time of burial.
Place of residence _____
Last known: City, State, Zip code, County of decedent

FUNERAL HOME: _____ Contact _____ Phone _____
Leave blank if family member is making arrangements

LEGAL NEXT OF KIN_____ Relationship _____
SPOUSE ONLY: DOB _____ SS# _____
Address_____ Phone _____
City _____ State _____ Zip code _____

Is spouse a veteran ____ If so, does surviving spouse want "a set aside grave?"____   If yes, provide *copy of discharge for both veterans*.

VETERAN: _____ Highest Rank_____
        First   middle initial   last
Service# _____ SS# _____ VA Claim # _____

Military Status: Veteran ☐   Retired Military ☐   Active Duty ☐

Branch of Service: Army ☐ Air Force ☐ Navy ☐ Marine Corps ☐ Other _____

Active Duty Dates: Entry _____ Discharge _____
                      _____   _____

Committal Shelter Requested? Yes ☐ No ☐   (Funeral Director or family schedule services.)

Honors _____ Branch of service _____ (Scheduled by funeral home. Include branch of service.)

Desired Religious Emblem None ☐   Religious emblem (specify) _____

Casket:_____ Urn:_____   (*Optional*) Display war periods, (specify) _____

Procession: Scheduled services w/ family____   Direct to-witness _____   Direct (No witness)_____
Requested date and time for service: _____

Marker Additional Inscriptions: (Two lines- Columbarium niche -12 character spaces per line including spaces.
Upright headstones 15 character spaces per line including spaces.)

____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

> **PLEASE FORWARD ALL AVAILABLE MILITARY DOCUMENTS**
> **Documentation is required for Awards and Highest Rank Held. Information on this form will also be used to order the monument. Please insure that spelling and dates are accurate. I have certified that the above information is correct.**
>
> **SIGNATURE (NOK):** _____ **DATE:** _____

******************FOR OFFICE USE ONLY*********************
SCHEDULING: Day _____   Date_____   Time _____

Previous family burials: _____
(Burial of spouse and/or dependent child)

Revised
1-1-2010

Section _____ Row _____ Site _____   Verified Docs_____   Verified by: _____